



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
(Date Stamp)



**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: change season of use

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 02-03-2012
CHECK NO. 1337 FEE \$ CR 50.00
DATE ACCEPTED 02-13-2012 BY CR
CHANGE NO. CR4-CVI-3P18
COUNTY OKANOGAN WRIA 48
SPECIAL AREA _____

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. 00393 PERMIT NO. 00009
CERT NO. 00497 CERT OF CHG NO. CVI-3P18

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information

APPLICANT/BUSINESS NAME Chewuch Canal Company c/o Roger Rowatt, Bd. President	PHONE NO. 509-996-2778	FAX NO.
ADDRESS P.O. Box 281		
CITY Winthrop	STATE WA	ZIP CODE 98862
CONTACT (IF DIFFERENT FROM ABOVE) Mary McCrea	PHONE NO. 509-996-4121	FAX NO.
ADDRESS PO Box 850		
CITY Winthrop	STATE WA	ZIP CODE 98862
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE NA	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

CR4-CVI-3P18

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER

Reservoir Permit No. 9

RECORDED NAME(S)

Chewuch Canal Company

DO YOU OWN THE RIGHT TO BE CHANGED? X YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES ☐ NO

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Chewuch River		NW	NE	2	35 N.	21 E.	3521021004 WDFW	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same as above								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES X NO PROPOSED: ☐ YES X NO - IF NO, PROVIDE OWNER(S) NAME: Washington Department of Fish & Wildlife

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Storage for irrigation		1,000	Oct. 1 - May 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Storage for irrigation		1,000	Year-round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Storage in Pearrygin Lake in Section 36, T. 36N., R. 21 E.W.M.; Section 31, T. 35N., R. 22 E.W.M.; Section 1, T. 34N., R. 21 E.W.M.; and Section 6, T. 34N., R. 22 E.W.M.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO

IF NO, PROVIDE OWNER(S) NAME: State of Washington, Department of Natural Resources. See Attachment A for further explanation.

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Same as above.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO

IF NO, PROVIDE OWNER(S) NAME: State of Washington, Department of Natural Resources.

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? ☒ YES ☐ NO

NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): WRC No. 095223, Certificate No. 497, and Certificate of Change, Vol. 42, P. 126;. Copies are attached as Exhibits 1, 3 - 4.

6. Remarks and Other Relevant Information:

See Attachment A.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Roger Rowatt,

CCC Board President

Applicant Printed Name – Title


Applicant Signature

1/24/2012
(Date)

Roger Rowatt,

CCC Board President

Water Right Holder Printed Name


Water Right Holder Signature

1/24/2012
(Date)

NA- see Attachment A

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

(Date)

Same

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

(Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ APPLICATION FEE NOT ENCLOSED

☐ MAP NOT INCLUDED or INCOMPLETE